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Rhoda

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(54) **INTERVERTEBRAL IMPLANT**

2230/0069; A61F 2250/0063; A61F

2250/0098; A61F 2310/0023

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USPC 606/246, 279; 623/17.11, 17.15, 17.16
See application file for complete search history.

(72) Inventor: **William S. Rhoda**, Drexel Hill, PA (US)

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(73) Assignee: **DePuy Synthes Products, Inc.**,
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(*) Notice: Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 0 days.

This patent is subject to a terminal dis-
claimer.

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continuation of application No. 11/672,593, filed on
Feb. 8, 2007, now Pat. No. 8,231,675, which is a
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LLP

(51) **Int. Cl.**

A61F 2/44 (2006.01)

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(Continued)

(57)

ABSTRACT

A vertebral implant for fusing adjacent vertebrae or for
replacing vertebral bodies is disclosed. The implant is a bio-
compatible metal resorbable or radiolucent implant conform-
ing substantially in size and shape with an end plate of a
vertebra. The implant preferably has a wedge-shaped profile
to restore disc height and the natural curvature of the spine.
The top and bottom surfaces of the implant have areas with a
plurality of teeth to resist expulsion and provide initial stabil-
ity and areas devoid of any protrusions to receive implanta-
tion instrumentation. The implant also has a stackability fea-
ture. The implant provides initial stability needed for fusion
without stress shielding.

(52) **U.S. Cl.**

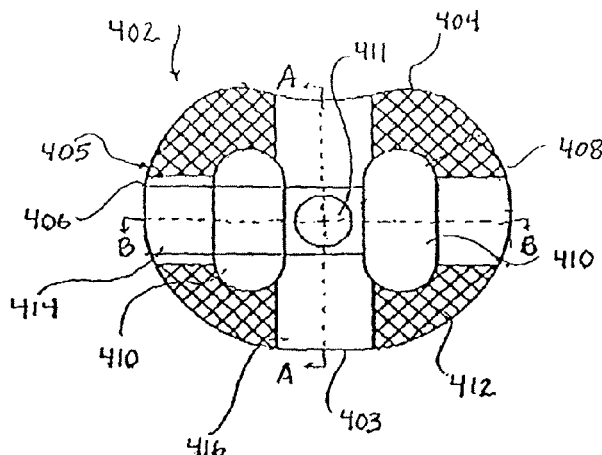
CPC . **A61F 2/442** (2013.01); **A61F 2/44** (2013.01);
A61F 2/4465 (2013.01); **A61F 2/28** (2013.01);

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(58) **Field of Classification Search**

CPC A61F 2210/0004; A61F 2210/0033;
A61F 2220/0041; A61F 2230/0015; A61F

25 Claims, 17 Drawing Sheets



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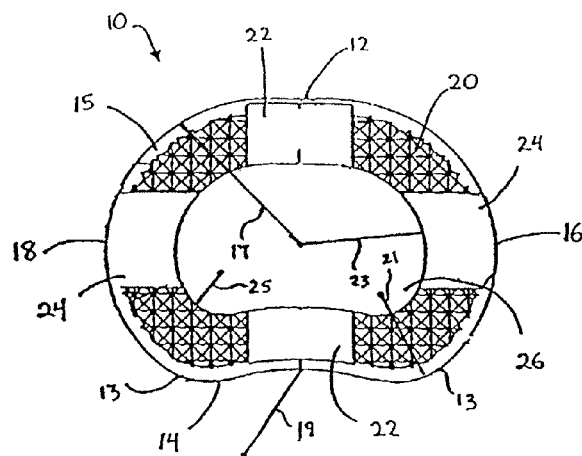


Fig. 1

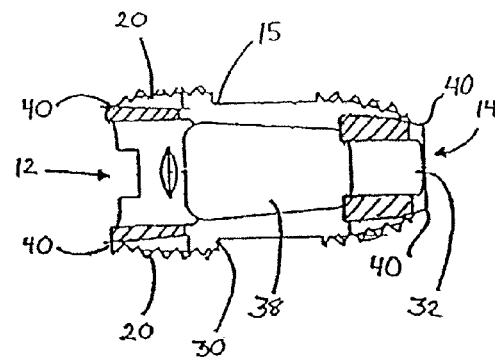


Fig. 2

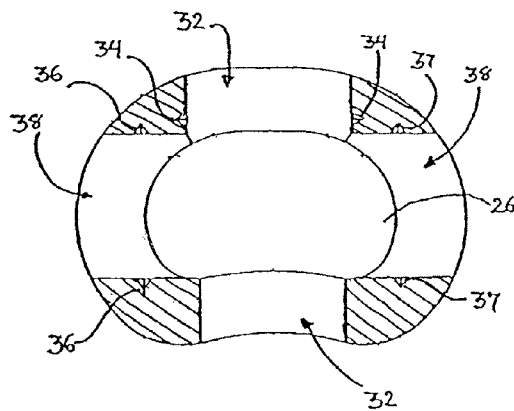


Fig. 3

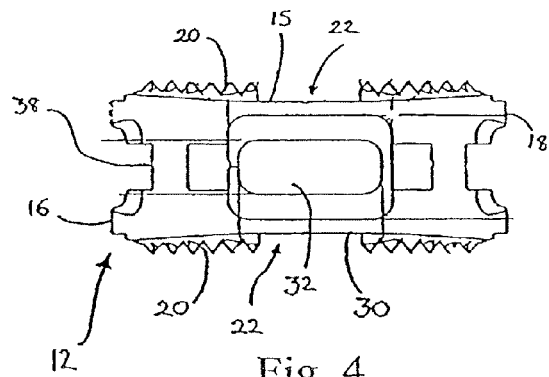


Fig. 4

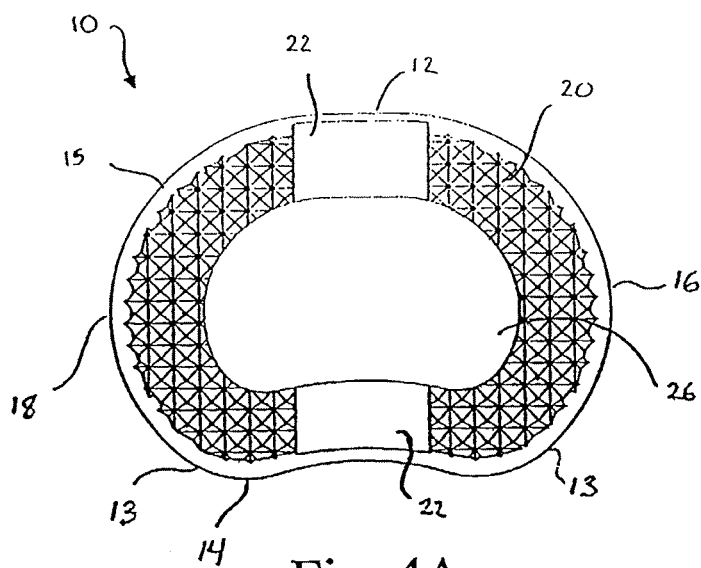


Fig. 4A

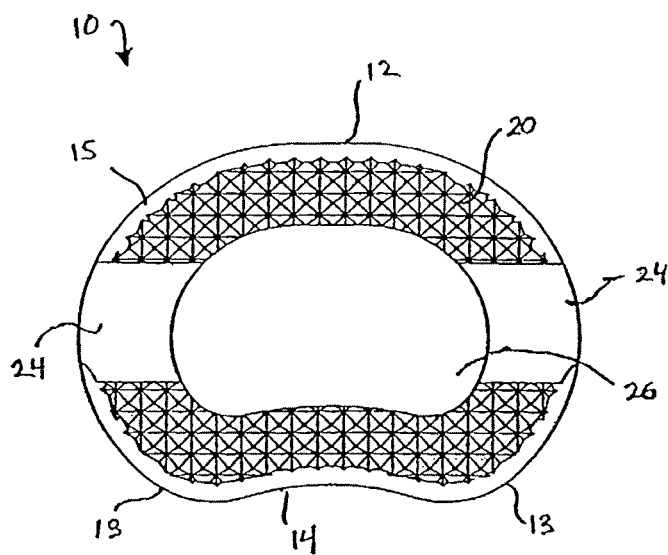
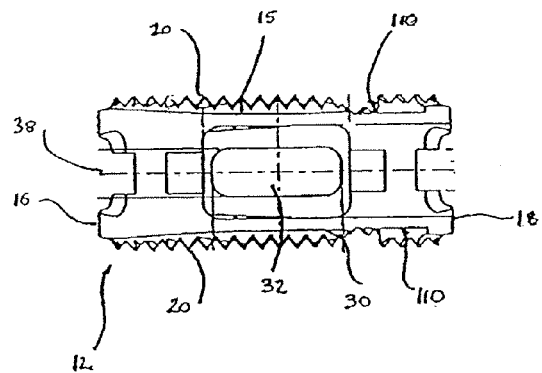
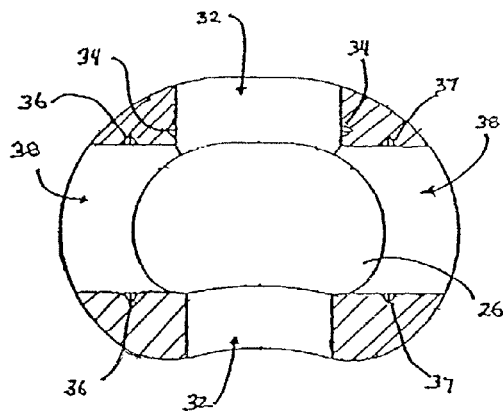
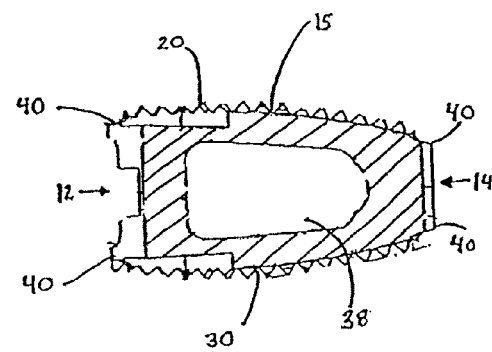
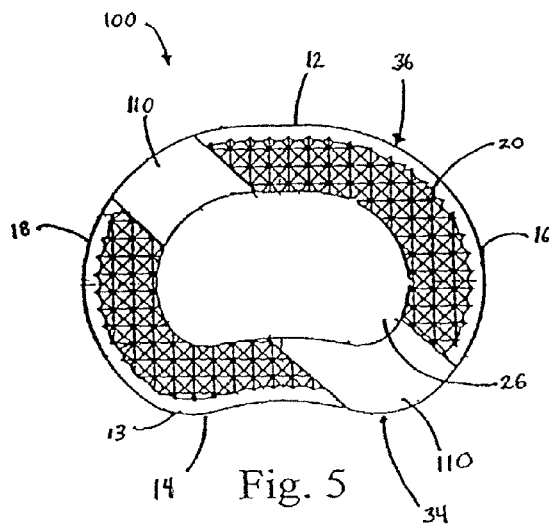
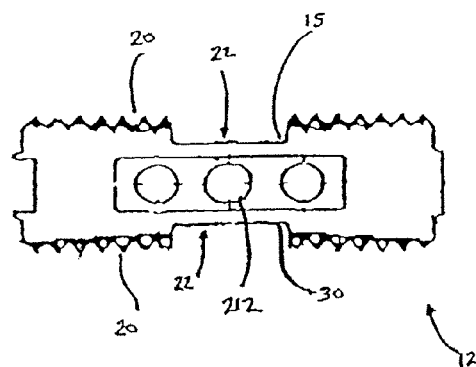
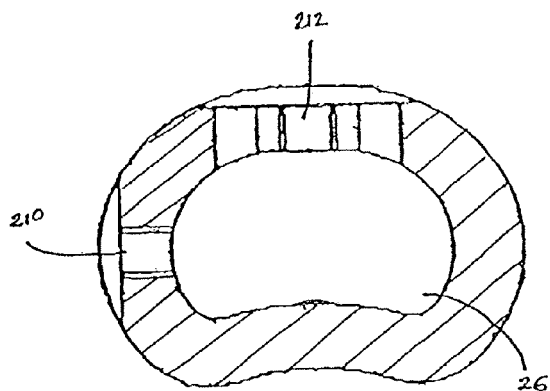
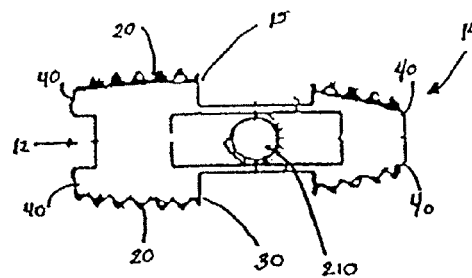
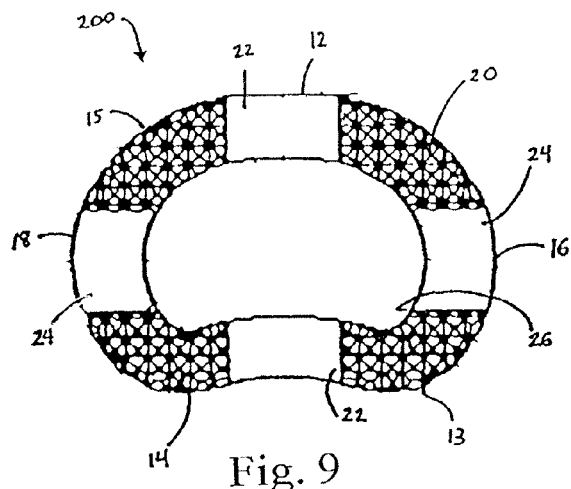


Fig. 4B





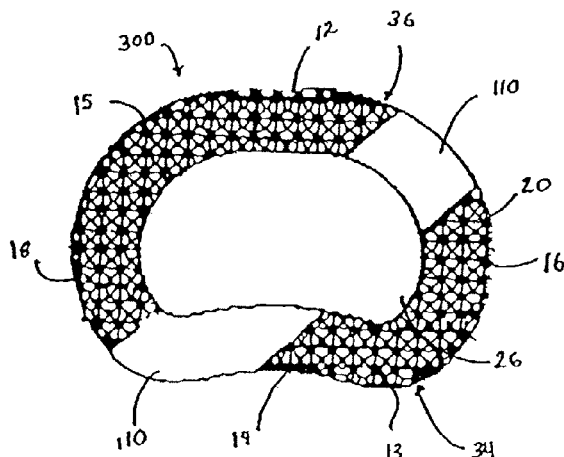


Fig. 13

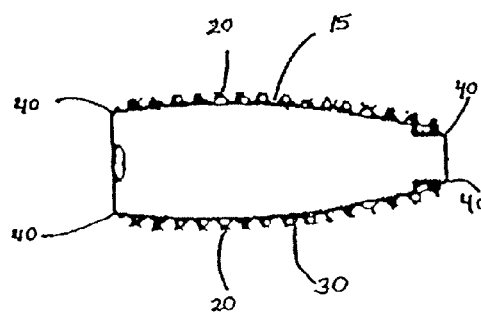


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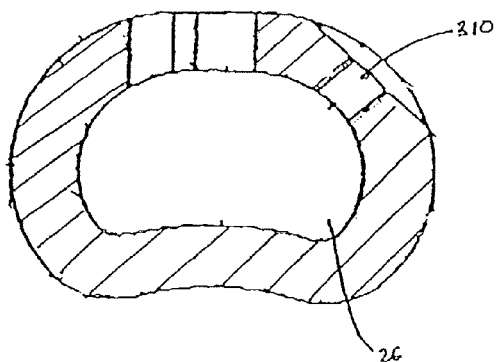


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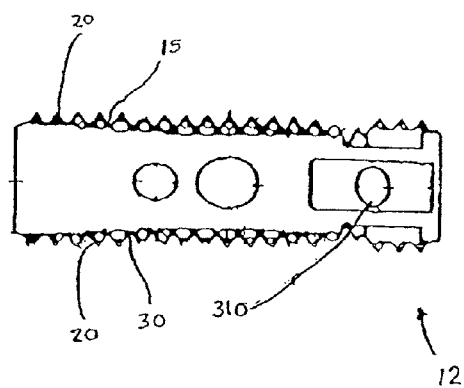


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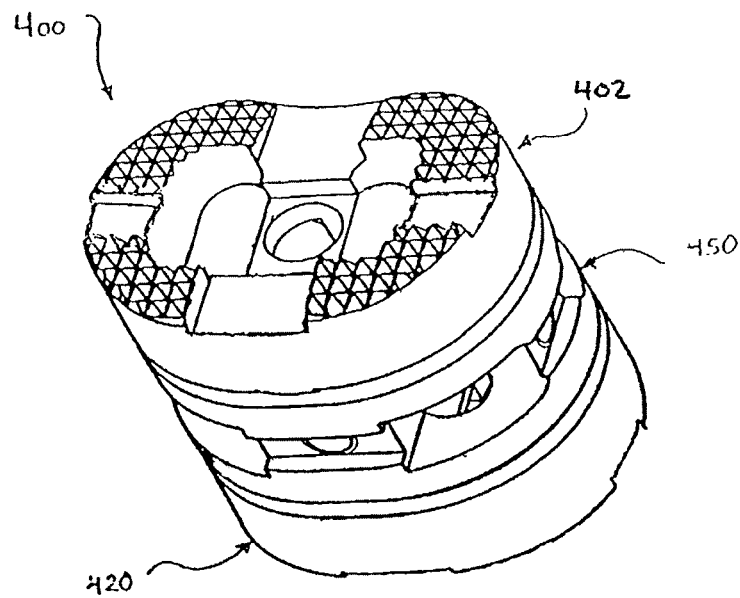
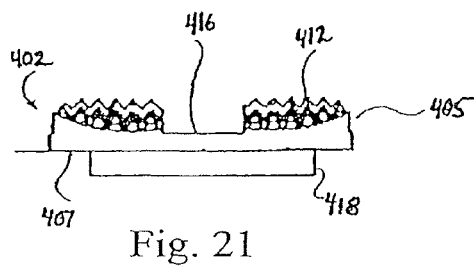
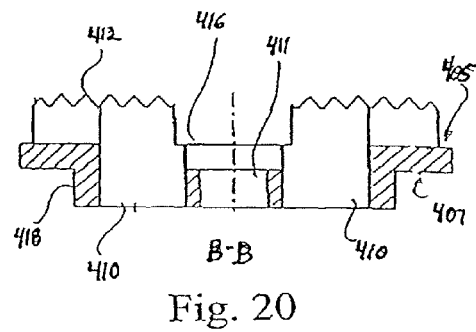
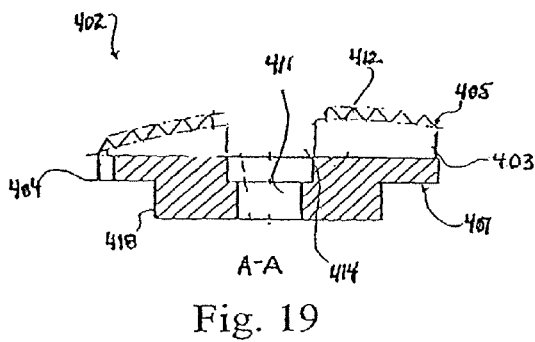
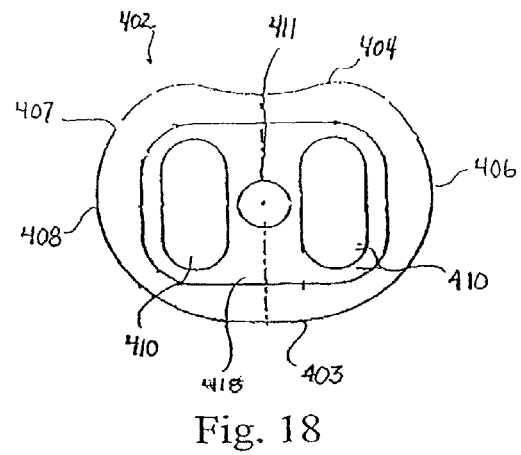
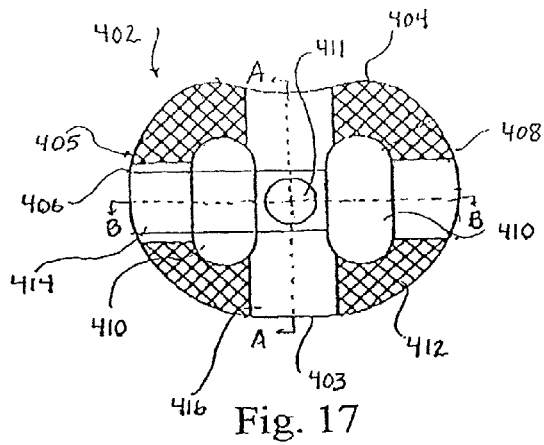


Fig. 16A



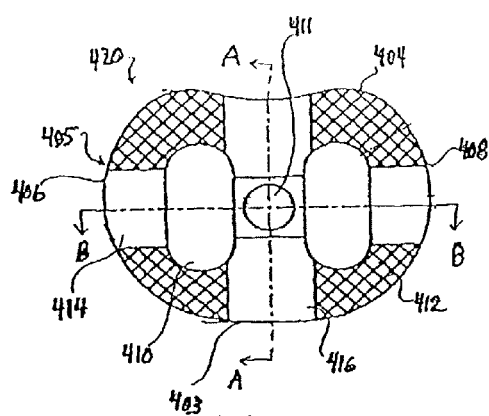


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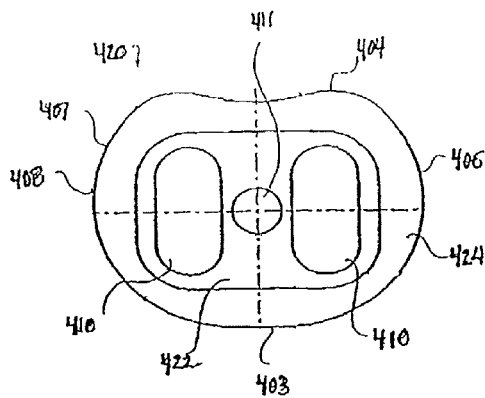


Fig. 23

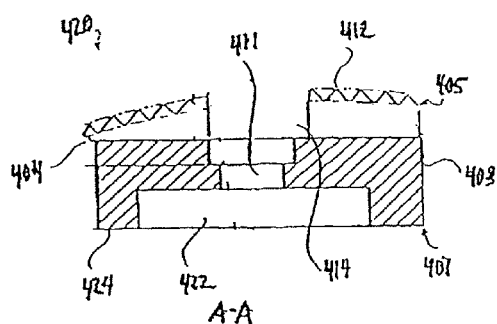


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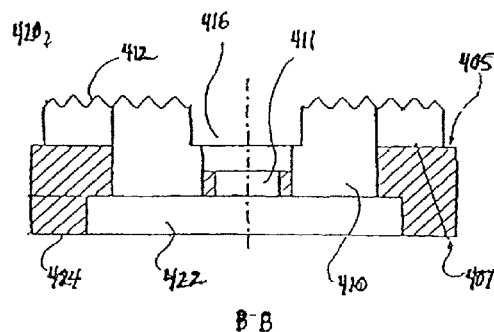


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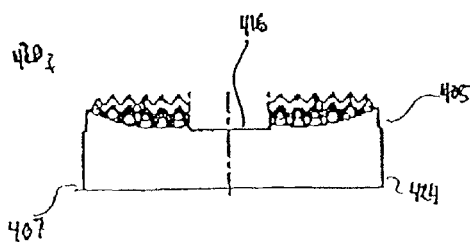


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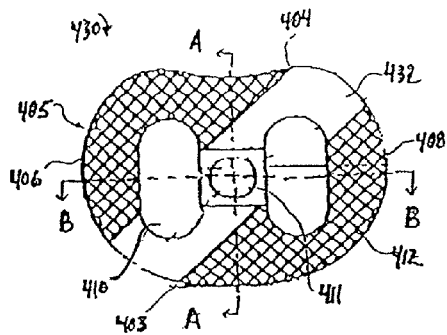


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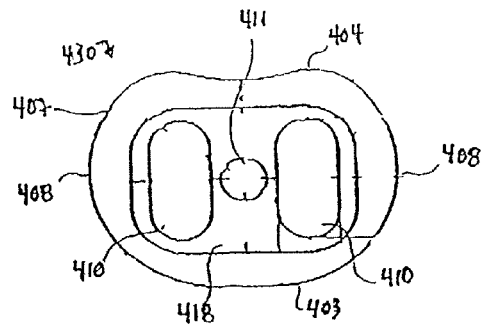


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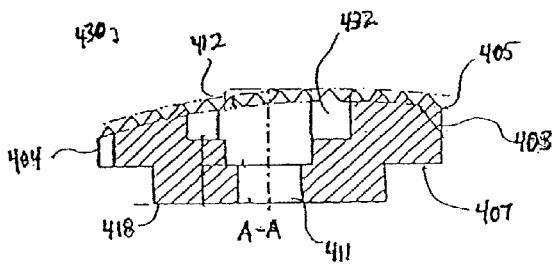


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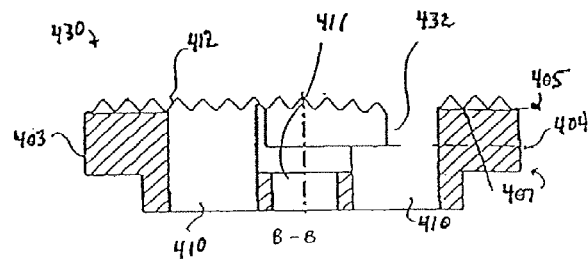


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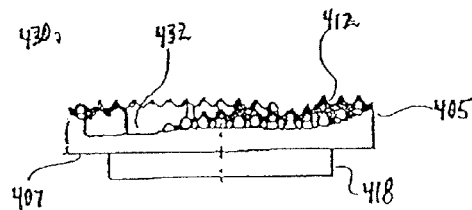


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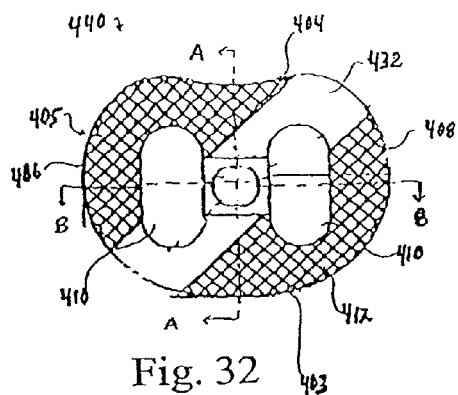


Fig. 32

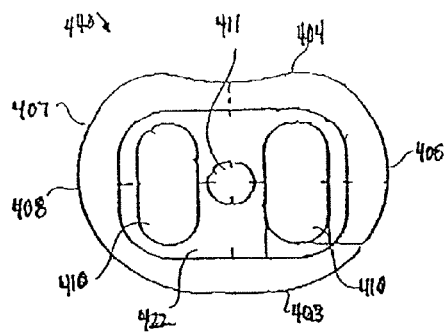


Fig. 33

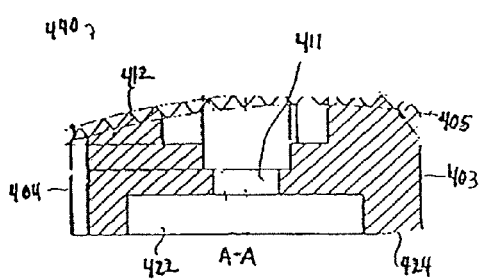


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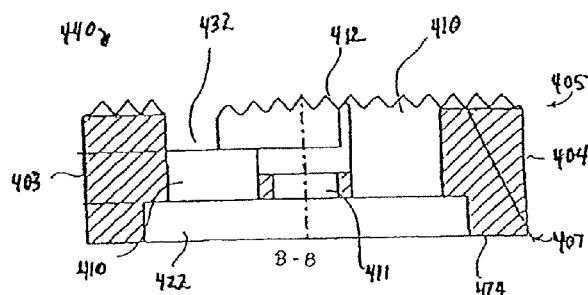


Fig. 35

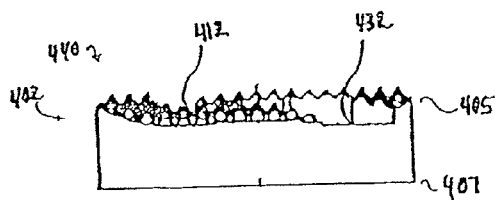


Fig. 36

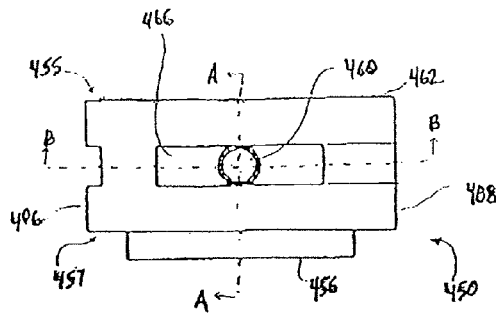


Fig. 37

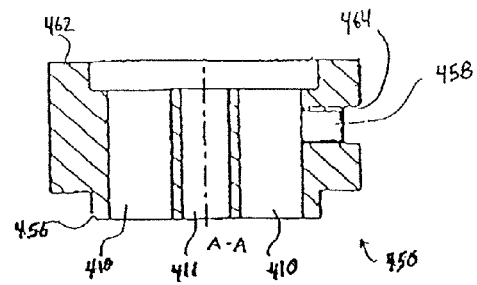


Fig. 38

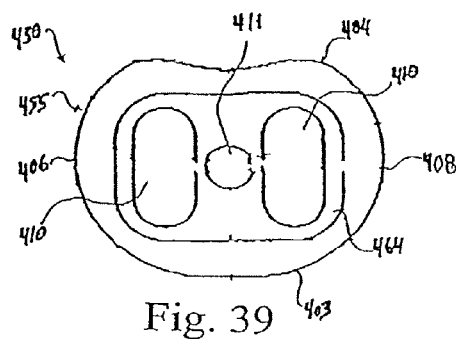


Fig. 39

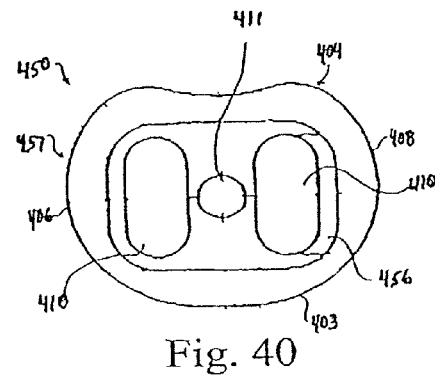


Fig. 40

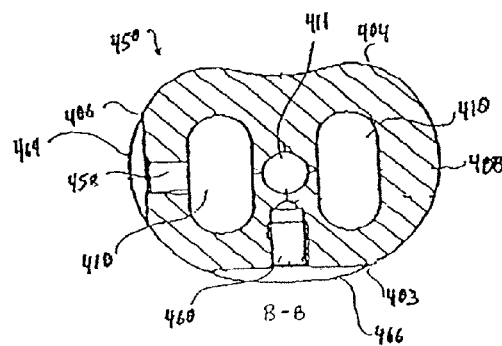


Fig. 41

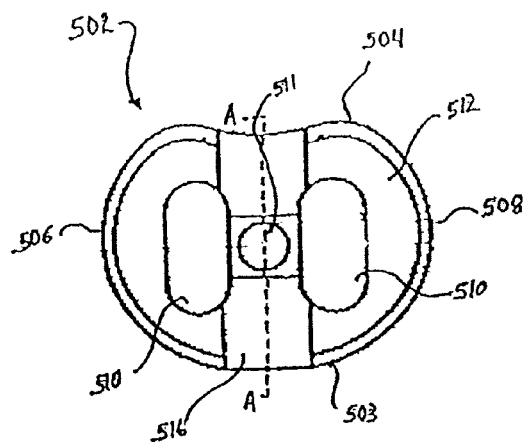


Fig. 42

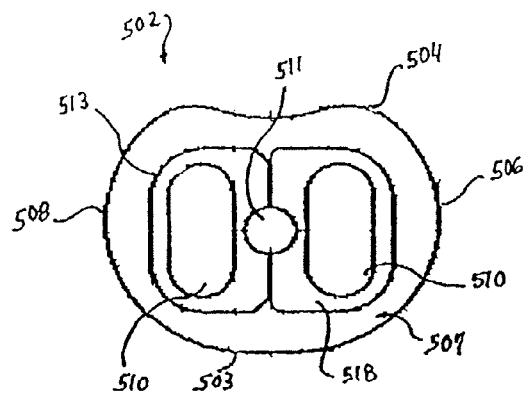


Fig. 43

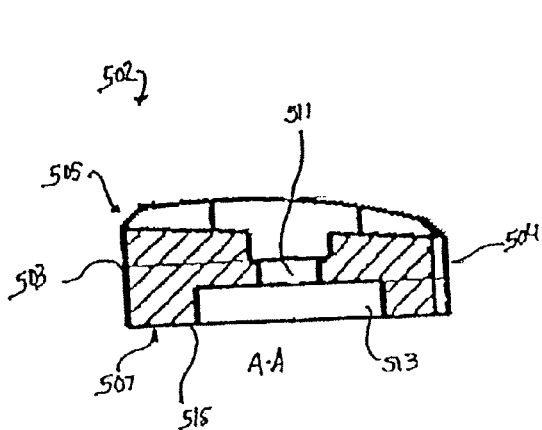


Fig. 44

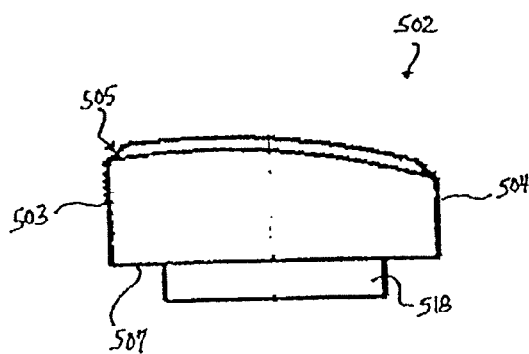


Fig. 45

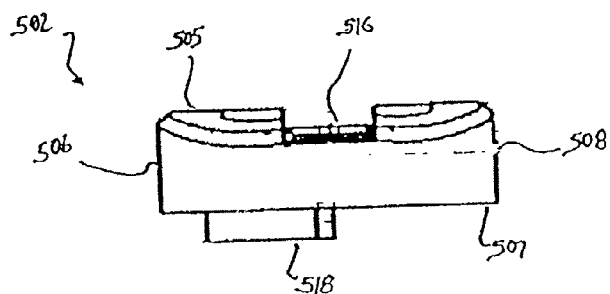


Fig. 46

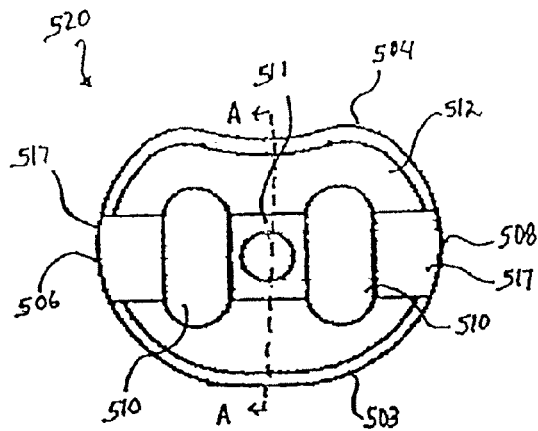


Fig. 47

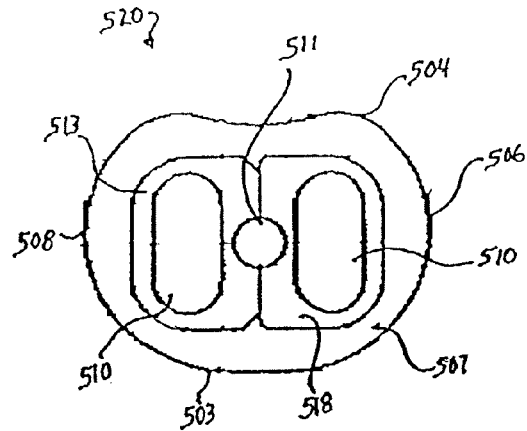


Fig. 48

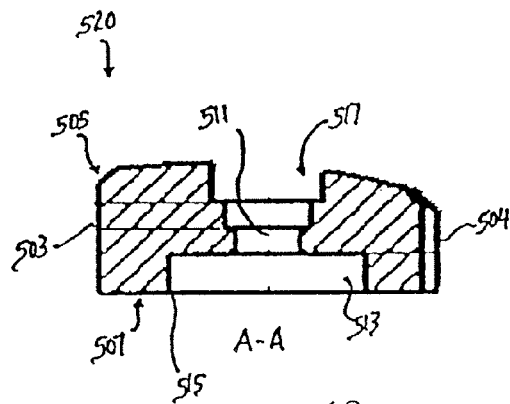


Fig. 49

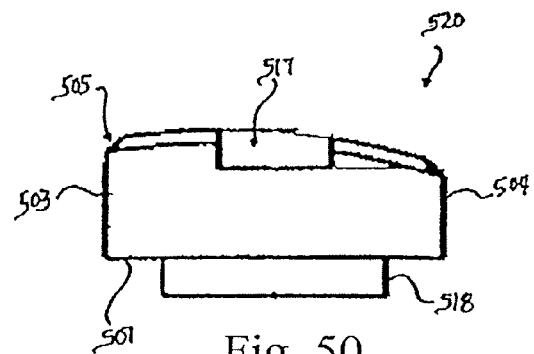


Fig. 50

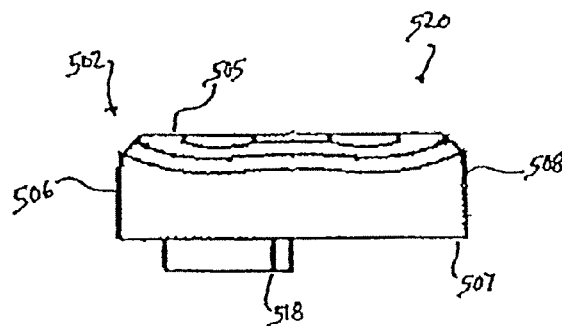
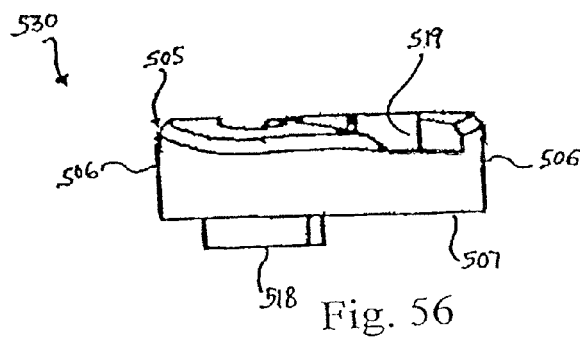
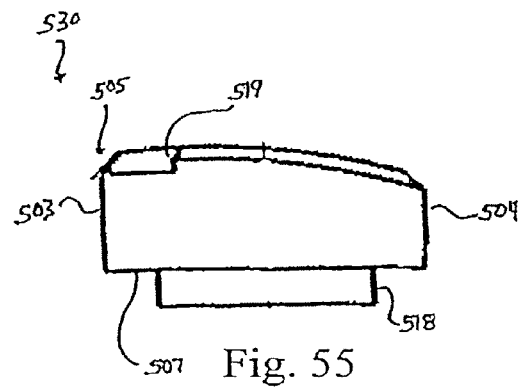
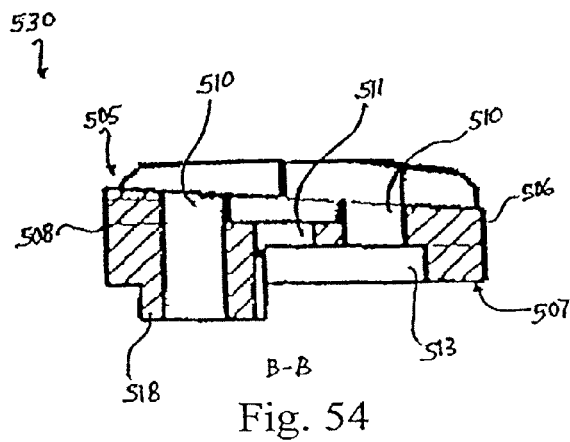
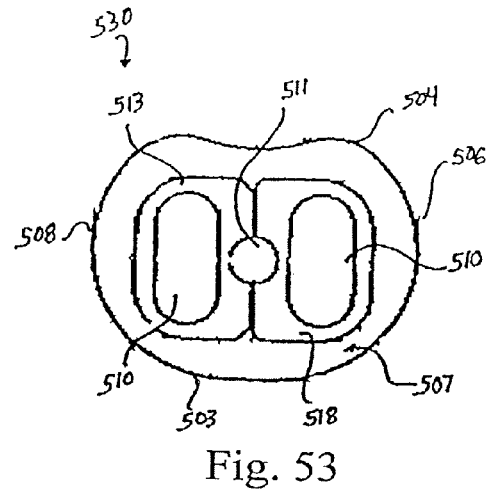
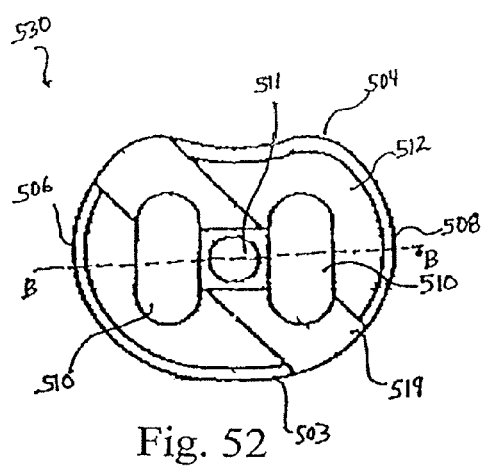


Fig. 51



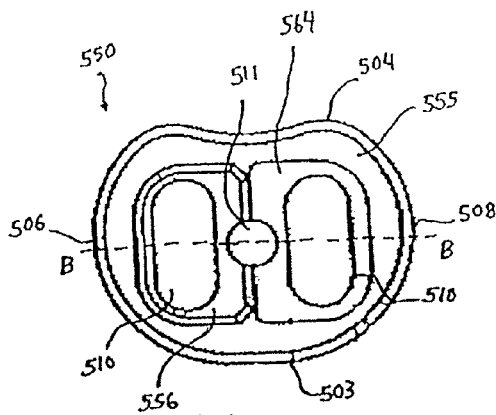


Fig. 57

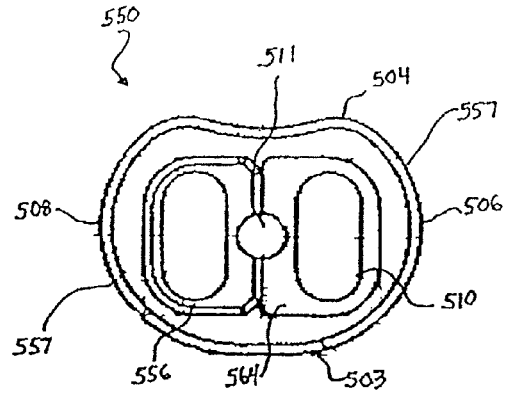


Fig. 58

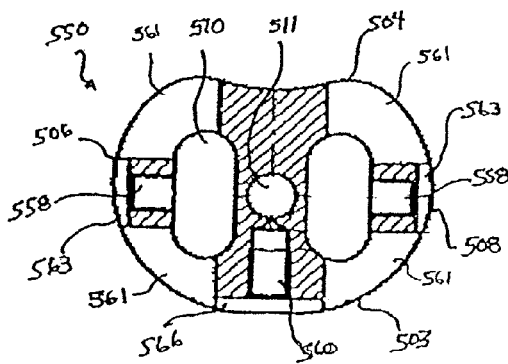


Fig. 59

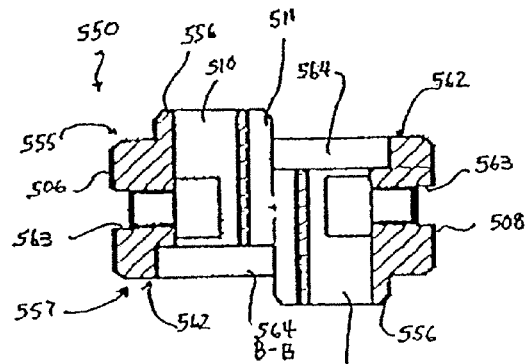


Fig. 60

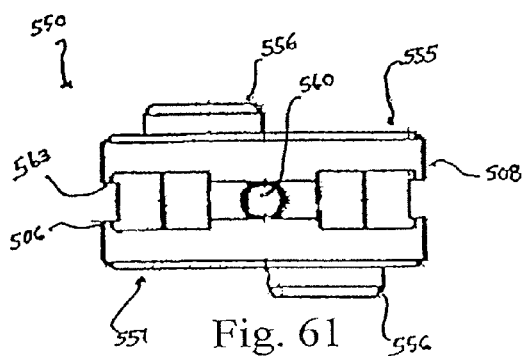


Fig. 61

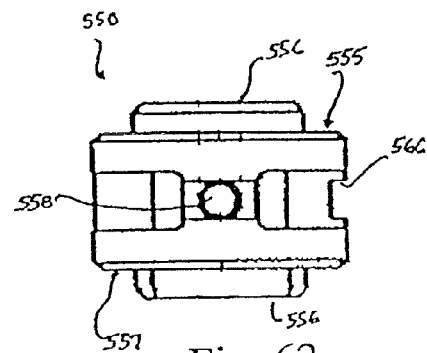


Fig. 62

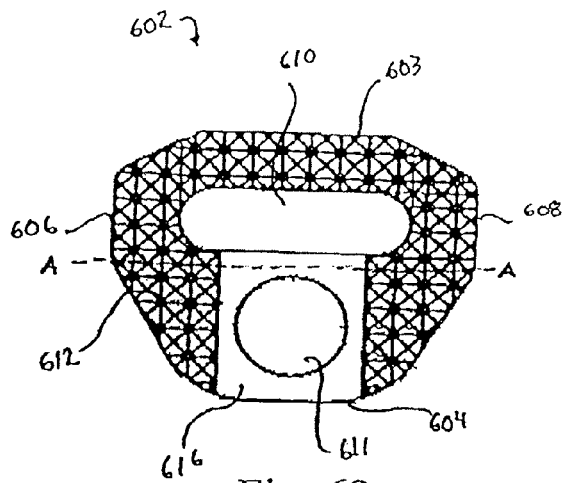


Fig. 63

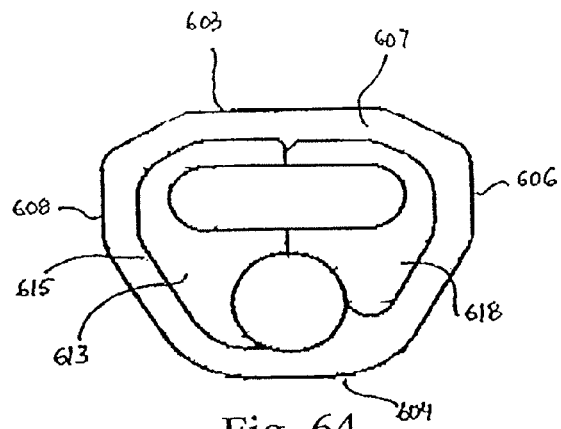


Fig. 64

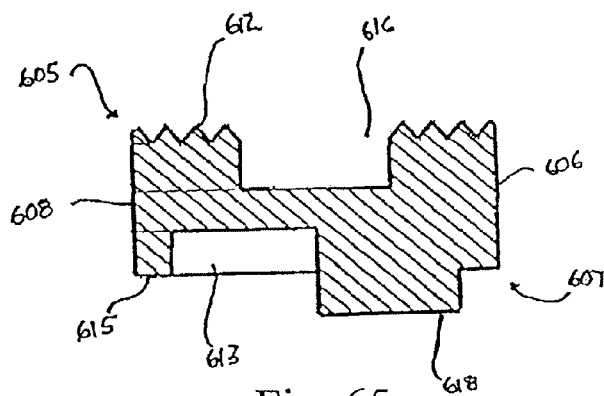


Fig. 65

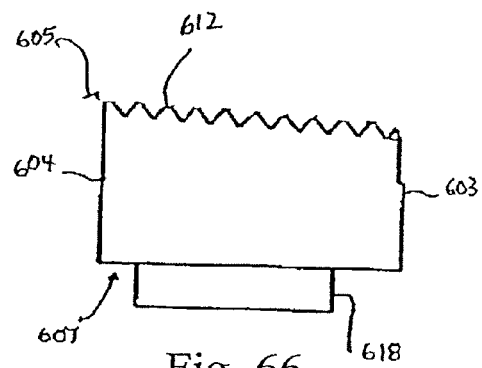


Fig. 66

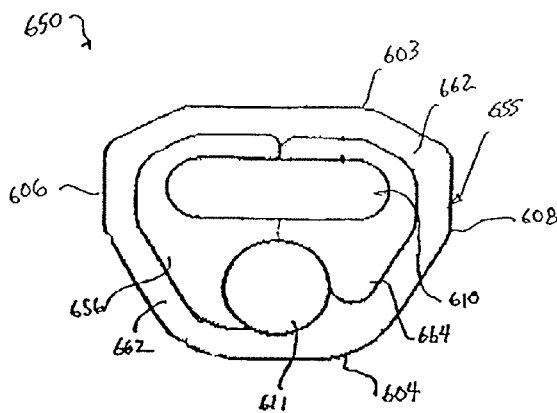


Fig. 67

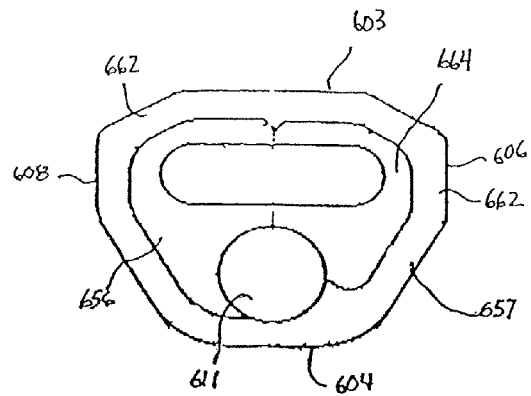


Fig. 68

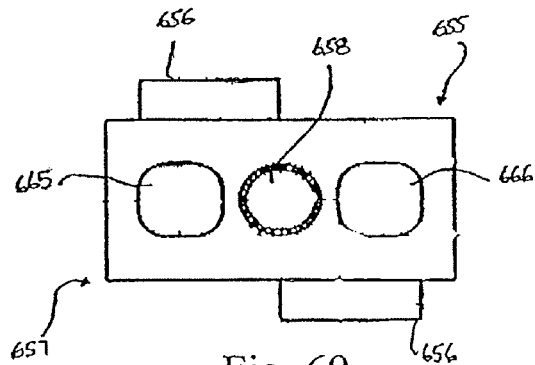


Fig. 69

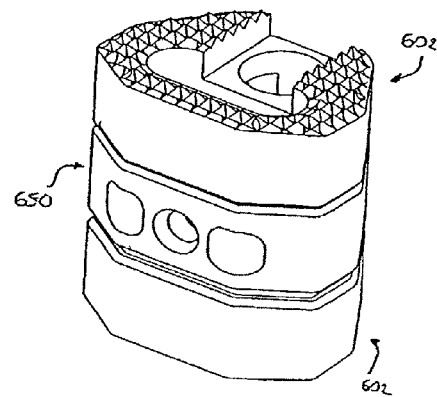


Fig. 70

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INTERVERTEBRAL IMPLANT**CROSS-REFERENCE TO RELATED APPLICATIONS**

This application is a continuation application of U.S. application Ser. No. 13/537,186, filed Jun. 29, 2012, which is a continuation of U.S. application Ser. No. 11/672,593, filed Feb. 8, 2007, now U.S. Pat. No. 8,231,675, which, in turn, is a continuation of U.S. application Ser. No. 10/322,609, filed Dec. 19, 2002, now U.S. Pat. No. 7,192,447, the entireties of which are incorporated by reference herein.

FIELD OF THE INVENTION

This invention relates to an artificial biocompatible vertebral device and, more particularly, to an intervertebral spinal implant for use in the treatment of back pain.

BACKGROUND OF THE INVENTION

A number of medical conditions such as compression of spinal cord nerve roots, degenerative disc disease, tumor, and trauma can cause severe back pain. Intervertebral fusion is one surgical method of alleviating back pain. In intervertebral fusion, two adjacent vertebral bodies are fused together by removing the affected intervertebral disc and inserting an implant that would allow for bone to grow between the two vertebral bodies to bridge the gap left by the disc removal. Another surgical method of relieving back pain is by corpectomy. In corpectomy, a diseased or damaged vertebral body along with the adjoining intervertebral discs are removed and replaced by a spinal implant that would allow for bone to grow between the closest two vertebral bodies to bridge the gap left by the spinal tissue removal.

A number of different implant materials and implant designs have been used for interbody fusion and for vertebral body replacement with varying success. Current implant materials used include metals, radiolucent materials including plastics, elastic and polymeric materials, ceramic, and allografts. Current implant designs vary from threaded cylindrical implants to rectangular cages with teeth-like protrusions.

For example, U.S. Pat. No. 5,782,919 to Zdeblick et. al. discloses an interbody fusion device which has a tapered body defining a hollow interior for receiving a bone graft or bone substitute material. Furthermore, the body of the device defines exterior threads for gripping the adjacent vertebrae and has a series of vascularization openings for promoting bony ingrowth. A variant on this design is shown in U.S. Pat. No. 4,961,740 to Ray et. al. The Ray patent illustrates a hollow, cylindrical fusion cage having a helical thread disposed on the outer surface of the cage with a plurality of holes leading to the hollow center between the threads.

U.S. Pat. No. 5,766,252 to Henry et. al. discusses a rectangular interbody spinal spacer that has vertically opposite upper and lower load bearing surfaces spaced apart a distance corresponding to the desired spacing. The rigid member has a wedge-shaped configuration with an ogival tip at the front end of the member.

While each of the foregoing prosthesis, address some problems relating to intervertebral disc replacements or vertebral body and intervertebral disc replacements, they present others. Thus, there is a need for an intervertebral implant whose design takes into consideration the anatomy and geometry of the intervertebral space sought to be filled by the intervertebral prosthesis as well as the anatomy and geometry of the end

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plates of the adjacent vertebral bodies. There is also a need for a spinal disc implant which integrates well with the vertebral bone tissue of the adjacent vertebral bodies between which the implant is to be inserted.

SUMMARY OF THE INVENTION

The present invention relates to an intervertebral implant for use when surgical fusion of vertebral bodies is indicated. The implant may be used to replace a diseased or damaged intervertebral disc or may be used to replace a diseased or damaged partial or complete vertebral body, or may be used to replace a diseased or damaged vertebral body and adjacent intervertebral discs.

In one embodiment, the implant comprises a body made from a biocompatible metal, radiolucent material, allograft, or resorbable material conforming substantially in size and shape with the end plates of the vertebrae, has a wedge-shaped profile, and has a central bore for receiving an osteoconductive material to promote the formation of new bone. The top and bottom surfaces may be flat planar surfaces, wedged, or curved surfaces. Preferably, the top and bottom surfaces mimic the topography of the vertebral end plates. The top and bottom surfaces each may have areas extending from an outer periphery of the implant to the central bore having a plurality of teeth for engaging the end plates of adjacent vertebra and each may also have areas extending from the outer periphery of the implant to the central bore that are substantially smooth for receiving a surgical instrument. The substantially smooth areas may extend in an anterior-posterior direction, a lateral direction, or may run in both directions. In addition, the substantially smooth area may run in an anterior-lateral direction.

The implant may have at least one channel on at least one side of the implant for receiving a surgical tool or instrument. This channel may also extend in at least an anterior-posterior direction, a lateral direction, or in both directions.

In another embodiment, instead of instrument receiving channels, the implant may have a threaded hole on the anterior, anterior-lateral, or lateral side of the implant for receiving a threaded arm of an insertion tool.

In yet another embodiment, the implant may have a stackability feature wherein the implant is modular and comprises an upper endcap, and a lower endcap; or an upper endcap, a lower endcap, and at least one body portion.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a top view of a first embodiment of the implant according to the present invention;

FIG. 2 is a cross-sectional side view of the implant of FIG. 1;

FIG. 3 is an axial cross-sectional view of the implant of FIG. 1;

FIG. 4 is a front or anterior view of the implant of FIG. 1;

FIG. 4A is a top view of a another embodiment of the implant of FIG. 1;

FIG. 4B is a top view of a another embodiment of the implant of FIG. 1;

FIG. 5 is a top view of a second embodiment of the present invention;

FIG. 6 is a cross-sectional side view of the implant of FIG. 5;

FIG. 7 is an axial cross-sectional view of the implant of FIG. 5;

FIG. 8 is a front or anterior view of the implant of FIG. 5;

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FIG. 9 is a top view of a third embodiment of the present invention;

FIG. 10 is a side view of the implant of FIG. 9;

FIG. 11 is an axial cross-sectional view of the implant of FIG. 9;

FIG. 12 is a front or anterior view of the implant of FIG. 9;

FIG. 13 is a top view of a fourth embodiment of the present invention;

FIG. 14 is a side view of the implant of FIG. 13;

FIG. 15 is an axial cross-sectional view of the implant of FIG. 13;

FIG. 16 is a front or anterior view of the implant of FIG. 13;

FIG. 16A is a perspective view of a fifth embodiment of the present invention;

FIG. 17 is a top view of an upper endcap of the implant of FIG. 16A

FIG. 18 is a bottom view of the upper endcap of FIG. 17;

FIG. 19 is a cross-sectional view taken at line A-A of the upper endcap of FIG. 17;

FIG. 20 is a cross-sectional view taken at line B-B of the upper endcap of FIG. 17;

FIG. 21 is a front or anterior view of the upper endcap of FIG. 17;

FIG. 22 is a top view of a lower endcap of the implant of FIG. 16A;

FIG. 23 is a bottom view of the lower endcap of FIG. 22;

FIG. 24 is a cross-sectional view taken at line A-A of the tower endcap of FIG. 22;

FIG. 25 is a cross-sectional view taken at line B-B of the tower endcap of FIG. 22;

FIG. 26 is a front or anterior view of the lower endcap of FIG. 22;

FIG. 27 is a top view of an alternate upper endcap of a fifth embodiment of the present invention;

FIG. 28 is a bottom view of the upper endcap of FIG. 27;

FIG. 29 is a cross-sectional view taken at line A-A of the upper endcap of FIG. 27;

FIG. 30 is a cross-sectional view taken at line B-B of the upper endcap of FIG. 27;

FIG. 31 is a front or anterior view of the upper endcap of FIG. 27;

FIG. 32 is a top view of an alternate lower endcap of a fifth embodiment of the present invention;

FIG. 33 is a bottom view of the lower endcap of FIG. 32;

FIG. 34 is a cross-sectional view taken at line A-A of the lower endcap of FIG. 32;

FIG. 35 is a cross-sectional view taken at line B-B of the tower endcap of FIG. 32;

FIG. 36 is a front or anterior view of the lower endcap of FIG. 32;

FIG. 37 is a front or anterior view of a body portion of the implant of FIG. 16A;

FIG. 38 is a cross-sectional view taken at line A-A of the body portion of FIG. 37;

FIG. 39 is a top view of the body portion of FIG. 37;

FIG. 40 is a bottom view of the body portion of FIG. 37;

FIG. 41 is a cross-sectional view taken at line B-B of the body portion of FIG. 37;

FIG. 42 is a top view of an endcap of a sixth embodiment of the present invention;

FIG. 43 is a bottom view of the endcap of FIG. 42;

FIG. 44 is a cross-sectional view taken at line A-A of the endcap of FIG. 42;

FIG. 45 is a side or lateral view of the endcap of FIG. 42;

FIG. 46 is a front or anterior view of the endcap of FIG. 42;

FIG. 47 is a top view of an alternate endcap of a sixth embodiment of the present invention;

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FIG. 48 is a bottom view of the endcap of FIG. 47;

FIG. 49 is a cross-sectional view taken at line A-A of the endcap of FIG. 47;

FIG. 50 is a side or lateral view of the endcap of FIG. 47;

FIG. 51 is a front or anterior view of the endcap of FIG. 47;

FIG. 52 is a top view of an alternate endcap of a sixth embodiment of the present invention;

FIG. 53 is a bottom view of the endcap of FIG. 52;

FIG. 54 is a cross-sectional view taken at line B-B of the endcap of FIG. 52;

FIG. 55 is a side or lateral view of the endcap of FIG. 52;

FIG. 56 is a front or anterior view of the endcap of FIG. 52;

FIG. 57 is a top view of a body portion of a sixth embodiment of the present invention;

FIG. 58 is a bottom view of the body portion of FIG. 57;

FIG. 59 is a cross-sectional view of the body portion of FIG. 57;

FIG. 60 is a cross-sectional view taken at line B-B of the body portion of FIG. 57;

FIG. 61 is a front or anterior view of the body portion of FIG. 57;

FIG. 62 is a side or lateral view of the body portion of FIG. 57;

FIG. 63 is a top view of an endcap of a seventh embodiment of the present invention;

FIG. 64 is a bottom view of the endcap of FIG. 63;

FIG. 65 is a cross-sectional view taken at line A-A of the endcap of FIG. 63;

FIG. 66 is a side or lateral view of the endcap of FIG. 63;

FIG. 67 is a top view of a body portion of a seventh embodiment of the present invention;

FIG. 68 is a bottom view of the body portion of FIG. 67;

FIG. 69 is a side or lateral view of the body portion of FIG. 67; and

FIG. 70 is a perspective view of an implant of a seventh embodiment of the present invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

FIG. 1 shows a top view of a first embodiment of intervertebral spacer or implant 10 according to the present invention. Implant 10 has a generally kidney-bean shaped footprint which includes anterior side 12, posterior side 14, and first and second lateral sides 16, 18. Anterior side 12 and lateral sides 16, 18 are all substantially arcuate, preferably convex, in shape while posterior side 14 is substantially arcuate, preferably concave, in shape.

Implant 10 further includes central bore 26 which can be filled with bone growth inducing substances to allow bony ingrowth and to further assist in the fusion of the adjacent vertebrae and the implant. Central bore 26 has a generally kidney-bean shape that substantially conforms to the kidney-bean shaped footprint of implant 10. The radius of curvature 23 of the arcuate, preferably convex, sides of central bore 26 may be about 6.5 mm to about 8.5 mm, preferably about 7.5 mm, and the radius of curvature 25 of the areas between the preferably convex and concave sides are about 3 mm to about 3.4 mm, preferably about 3.2 mm.

In addition, implant 10, on its upper 15 and tower 30 surfaces, has sections or areas having teeth 20, spikes, or similar gripping structures to facilitate engagement of implant 10 with the end plates of the adjacent vertebra. The teeth may be pyramidal, saw toothed or other similar shapes. Ridges may also be used to facilitate gripping adjacent vertebrae. Implant 10 may also have sections or areas 22 or 24 or both which are essentially smooth and devoid of any protrusions.

sions. Sections 22, 24 are provided to assist the surgeon in implantation of the spacer as will be discussed below.

As mentioned above, implant 10 has a generally kidney-bean shaped footprint. This footprint is designed to conform in size and shape with the general perimeter and shape of the end plates of the vertebrae between which implant 10 is to be implanted thereby providing maximum support while avoiding the intravertebral foramen of the vertebral bodies. The intravertebral foramen or the spinal canal is the portion of the vertebral body that houses the spinal cord and nerve roots. Generally, a portion of the intravertebral foramen extends into the body portion or end plate portion of the vertebra. This portion of the intravertebral foramen, in effect, changes the perimeter of the body portion of the vertebra from substantially an oval shape to substantially a kidney-bean shape. Accordingly, the footprint of implant 10 is kidney-bean shaped to emulate the general shape and perimeter of the body portion of the adjacent vertebrae.

Implant 10 preferably also has a generally wedge-shaped, side-view profile that is designed to restore the natural curvature or lordosis of the spine after the affected disc or affected vertebral body and adjoining discs have been removed. As shown in FIGS. 2 and 4, this wedge shape results from a gradual increase in height from anterior side 12 followed by a decrease in height as posterior side 14 is approached. The implant has a generally constant height from lateral side 16 to lateral side 18. In another preferred embodiment, the implant may have a gradual increase in height followed by a gradual decrease in height from lateral side 16 to lateral side 18. The substantially convex curvature of upper surface 15 and lower surface 30 change the height of implant 10 in the anterior to posterior direction. In another preferred embodiment, the substantially convex curvature of upper surface 15 and lower surface 30 change the height of implant 10 in the lateral direction. Implant 10 preferably has the greatest height generally midway between anterior side 12 and the center of implant 10. In an exemplary embodiment, upper surface 15 and lower surface 30 may also be flat planar surfaces or flat angled surfaces. Alternatively, the upper surface 15 and lower surface 30 may be substantially curved surfaces, preferably shaped to mimic the topography of the vertebral end plates.

In order to facilitate insertion of implant 10: posterior side 14 and anterior side 12 transition to upper and lower surfaces 15, 30 with rounded edges 40. Rounded edges 40 may enable implant 10 to slide between the end plates while minimizing the necessary distraction of the end plates. In a preferred embodiment, rounded edges 40 have a radius of curvature ranging from about 0.75 mm to 1.75 mm, but preferably is about 1.25 mm. In another preferred embodiment, rounded edges 40 may extend around the periphery of implant 10. Rounded edges 40 may also be used as a means to clean the edges of the implant 10 by eliminating any half or partial teeth located on or near the edge of the implant 10.

As shown in FIG. 2 and FIG. 3, channel 32 runs through implant 10 from anterior side 12 through central bore 26 to posterior side 14. Channel 32 is sized to receive a surgical instrument such as an inserter for implantation of implant 10. In addition, located along the side of channel 32: near anterior side 12, are retaining grooves 34 which further assist with coupling the implantation instrument to implant 10. Using the implantation instrument with channel 32 and retaining grooves 34, implant 10 can be inserted in an anterior approach where posterior end 14 is the first side to be introduced to the intervertebral space.

Extending from a first lateral side 16 to a second lateral side 18 may be a second instrument receiving channel 38. Channel

38 is also sized to receive a surgical instrument such as an inserter for implantation of implant 10 and has retaining grooves 36 and 37 to further assist with coupling the implantation instrument to implant 10. Using the implantation instrument with channel 38 and retaining grooves 36: implant 10 can be inserted in a lateral approach where lateral side 16 is the first side to be introduced into the intervertebral space. Alternatively, using the implantation instrument with channel 38 and retaining grooves 37, implant 10 can be inserted in a lateral approach where lateral side 18 is the first side to be introduced into the intervertebral space.

Although spinal spacer insertion instruments are well known in the art, an inserter used with implant 10 may be modified to optionally include releaseable engaging members configured and dimensioned to mate with retaining grooves 34, 36, 37 to further assist with holding the implant during the insertion and installation procedure.

As can be seen in FIGS. 2 and 3, channel 32 is shown extending the entire length of the lateral sides 16, 18 of the implant 10. However, in an exemplary embodiment, channel 32 may extend only a portion of the length of lateral sides 16, 18, or may extend the length of only one of the lateral sides 16, 18. Likewise, channel 38 may extend only a portion of the length of sides 12, 14 or may extend along one of the sides 12, 14.

To further assist with the insertion and implantation of implant 10, implant 10 has areas 22 and 24, located on the upper 15 and lower 30 surface of implant 10, which are substantially smooth and are sized to receive an instrument such as a distractor, which is well known in the art. In this particular embodiment, area 22 extends in an anterior-posterior direction helping facilitate anterior implant insertion and area 24 extends in a transverse or lateral direction helping facilitate transverse implant insertion. Although in FIG. 1 area 22 is shown as extending along the entire longitudinal length of implant 10, from the perimeter edge of anterior side 12 to the perimeter edge of posterior side 14, area 22 may extend only partially along the longitudinal length of implant 10. The preceding is also applicable to area 24. Area 24 is shown to extend along the entire transverse length of implant 10, however, area 24 may extend only partially along the transverse length of implant 10. Furthermore, in an exemplary embodiment, only area 22, as shown in FIG. 4A, or only area 24, as shown in FIG. 4B, may be present on upper and lower surfaces 15, 30 of implant 10.

Implant 10 may be fabricated from pure titanium or an alloy thereof, preferably anodized to increase its biocompatibility by making it more inert. Implant 10 may also be fabricated from a radiolucent material, such as polyetheretherketone or polyetherketoneketone, and may include a radiopaque marker, such as a titanium alloy pin. The radiopaque marker may be located along any of the implant sides such as anterior side 12, posterior side 14 or lateral sides 16, 18. By using a radiolucent material, the progression and status of the fusion can be tracked through the use of X-rays or similar devices while the radiopaque marker will indicate the position of the implant with respect to the adjacent vertebral bodies. Implant 10 may also be fabricated from other biocompatible materials, such as allografts, and/or other resorbable materials.

The dimensions of the implant 10 may vary depending on where in the spine the implant will be inserted. The vertebral bodies in the lumbar area of the spine, for example, are larger than the vertebral bodies in the thoracic area. Therefore, an implant intended for the thoracic region would be smaller than one for the lumbar region. Likewise, lower lumbar disc replacements would be larger than upper ones. A person of

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ordinary skill could adapt the basic dimensions of the implant to make them occupy the space formerly occupied by the particular vertebral disc which needs replacement. Implant **10** is generally sized for anterior, lateral, or antero-lateral approaches where inserting the implant around the spinal cord or spinal dural sac is not necessary as in a posterior approach. An exemplary embodiment of implant **10** may have a width (extending from anterior side **12** to posterior side **14**) ranging from 15 mm-40 mm, but preferably about 22-26 mm, and most preferably about 24 mm, and a length (extending from lateral side **16** to lateral side **18**) ranging from 20 mm-50 mm, but preferably about 28-32 mm, and most preferably about 30 mm. In addition, in an exemplary embodiment, the height of implant **10**, measure as the distance between upper surface **15** and lower surface **30**, when used as an intervertebral spacer, may be in the range of about 5 mm to about 25 mm. When using implant **10** as a corpectomy device, the height of implant **10** may range from about 17 mm to about 100 mm. Furthermore, in an exemplary embodiment, the radius of curvature **19** (shown in FIG. **1**) of the concave and the radius of curvature **17** (shown in FIG. **1**) of the convex sides may range from about 8 mm to about 30 mm, but preferably are about 13 mm. The radius of curvature **21** (shown in FIG. **1**) of transition areas **13** which connect concave side **14** with convex sides **16**, **18** may be about 4 mm to about 8 mm, but preferably are about 6 mm. Also, in an exemplary embodiment, the radius of curvature of the upper and lower surfaces of implant **10** from anterior side **12** to posterior side **14** may range from about 40 mm to about 100 mm, but preferably about 50 mm. The upper and lower surfaces **15**, **30** are preferably flat between lateral sides **16**, **18**.

FIG. **5** shows a top view of a second embodiment of an implant **100**. In general, most of the structure of implant **100** is similar or comparable to the structure of implant **10**. Accordingly, the equivalent structures of implant **100** have been numbered the same as implant **10** and discussion of the similar components and features is not believed necessary. In this particular embodiment, located on upper surface **15** and lower surface **30** of implant **100**, is area **110**. Area **110** extends simultaneously in a longitudinal and lateral direction diagonally across implant **110** to facilitate antero-lateral implant insertion. Although in FIG. **5** area **110** is shown as extending along the entire length of implant **100**, area **110** may extend only partially along the length of implant **100**.

Similar to implant **10** discussed above, implant **100** has the two sets of instrument receiving channels to increase surgical flexibility when inserting implant **100** and to facilitate the insertion process by creating more surgical insertion alternatives. In the case of an antero-lateral insertion, either channel **38** with retaining grooves **36** and **37** may be used or channel **32** with retaining grooves **34** may be used.

FIG. **9** shows a top view of a third embodiment of an implant **200**. In general, most of the structure of implant **200** is similar or comparable to the structure of implant **10**. Accordingly, the equivalent structures of implant **200** have been numbered the same as implant **10** and discussion of the similar components and features is not believed necessary. In this particular embodiment, instead of having instrument receiving channels, implant **200** has threaded bores **210**, **212**. Threaded bores **210**, **212** are sized to receive an implantation instrument such as a threaded inserter.

As can best be seen in FIGS. **10** and **11**, threaded bore **210** is located on lateral side **18**. This location allows for insertion of implant **200** in a lateral fashion. Although, threaded bore **210** is located on lateral side **18**, it may also be located on lateral side **16**. This location also allows for insertion of implant **200** in a lateral direction. FIGS. **11** and **12** show

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threaded bore **212** which is located on anterior side **12** of implant **200**. This location allows for insertion of implant **200** in an anterior direction with posterior side **14** being the first side to be introduced to the intervertebral space.

FIG. **13** shows a top view of a fourth embodiment of an implant **300**. In general, most of the structure of implant **300** is similar or comparable to the structure of implant **100**. Accordingly, the equivalent structures of implant **300** have been numbered the same as implant **100** and discussion of the similar components and features is not believed necessary. In this particular embodiment, instead of having instrument receiving channels, implant **300** has threaded bore **310**. Threaded bore **310**, is sized to receive an implantation instrument such as a threaded inserter.

As can best be seen in FIGS. **15** and **16**, threaded bore **310** is located on an antero-lateral side (between anterior side **12** and lateral side **16**) of implant **300**. This location allows for insertion of implant **200** in an antero-lateral fashion. Although, threaded bore **310** is located on an antero-lateral side (between anterior side **12** and lateral side **16**), it can also be located on an opposite antero-lateral side (between anterior side **12** and lateral side **18**) also allowing for an antero-lateral implantation.

In a fifth embodiment, implant **400** is similar to the previously disclosed embodiment but now has a stackability feature. As will be further explained below, implant **400** includes an upper endcap and a lower endcap which may be stacked to form the spacer or implant. As shown in FIG. **16A**, implant **400** may also include at least one body portion which may be stacked between the upper endcap and the lower endcap to form the spacer or implant. FIG. **17** shows a top view of upper endcap **402** of implant **400**. Upper endcap **402** has a generally kidney-bean shaped footprint which includes anterior side **403**, posterior side **404**, and first and second lateral sides **406**, **408**. Anterior side **403** and lateral sides **406**, **408** are substantially arcuate, preferably convex, in shape while posterior side **404** is substantially arcuate, preferably concave, in shape.

As shown in FIGS. **17-20**, upper endcap **402** also includes two elongated bores **410** which can be filled with bone growth inducing substances to allow bony ingrowth and to further assist in the fusion of the adjacent vertebrae. Upper endcap **402** further includes a central bore **411** for receiving a fastening member such as a screw. In addition upper endcap **402**, on its upper surface **405**, has sections or areas having teeth **412** or similar gripping means to facilitate engagement of implant **400** with the end plates of the adjacent vertebra, and has sections or areas **414**, **416** which are substantially smooth and devoid of any protrusions. Although in FIG. **17** sections **414**, **416** are shown as extending along the entire length of upper endcap **402**, from perimeter edge to perimeter edge, sections **414**, **416** may extend only partially along the length of upper endcap **402**. Sections **414**, **416** are provided to assist the surgeon in anterior or lateral implantation of the implant as was discussed above with respect to sections **22**, **24**. As can be seen in FIGS. **18** and **21**, upper endcap **402** has a generally rectangular protrusion **418** configured and dimensioned to interface and mate with a recess portion of the implant body or with the lower endcap. While protrusion **418** has been shown and described as generally rectangular, it can be appreciated that protrusion **418** can be any shape desired. A lower surface **407** surrounds the protrusion **418**. Lower surface **407** is illustrated as surrounding and encircling completely protrusion **418**, but it can be appreciated that lower surface **407** may only partially surround protrusion **418**.

Upper endcap **402** may have a generally wedge-shaped, side profile that is designed to restore the natural curvature or

lordosis of the spine after the affected disc or affected vertebral body and adjoining discs have been removed. As shown in FIG. 19, this wedge shape results from a gradual increase in height from anterior side 403 followed by a decrease in height as posterior side 404 is approached. The substantially convex curvature of upper surface 405 changes the height of implant 400 along its width. In an exemplary embodiment, upper surface 405 may also be a flat planar surface, a flat angled surface, or a substantially curved surface, preferably shaped to mimic the topography of the adjacent vertebral end plates. The radius of curvature for upper surface 405 may be the same as described for the one-piece implant described earlier.

FIG. 22 shows a top view of a lower endcap 420. In general, most of the structure of endcap 420 is similar or comparable to the structure of endcap 402. Accordingly, the equivalent structures of endcap 420 have been numbered the same as endcap 402 and discussion of the similar components and features is not believed necessary. As discussed with endcap 402, endcap 420 also has a generally kidney-bean shaped footprint which includes anterior side 403, posterior side 404, and first and second lateral sides 406, 408. Anterior side 403 and lateral sides 406, 408 are all substantially arcuate, preferably convex, in shape while posterior side 404 is substantially arcuate, preferably concave, in shape. As can be seen in FIGS. 37-41, on lower surface 407, lower endcap 420 has a shoulder 424 defining a cavity 422 configured and dimensioned to interface and mate with a portion of the implant body. Shoulder 424 has been shown as surrounding cavity 422 entirely, but it should be appreciated that shoulder 424 may only partially surround cavity 422.

Turning now to FIGS. 27-31, an alternative embodiment of upper endcap 430 can be seen. In general, most of the structure of upper endcap 430 is similar or comparable to the structure of upper endcap 402. Accordingly, the equivalent structures of upper endcap 430 have been numbered the same as upper endcap 402 and discussion of the similar components and features is not believed necessary. In this particular embodiment, located on upper surface 405 of upper endcap 430, is area 432. Area 432 extends simultaneously in a longitudinal and lateral direction diagonally across upper endcap 430 to facilitate antero-lateral implant insertion. Although in FIGS. 27-31, area 432 is shown as extending along the entire length of upper endcap 430, area 432 may extend only partially along the length of upper endcap 430.

FIG. 32 shows a top view of a lower endcap 440. In general, most of the structure of lower endcap 440 is similar or comparable to the structure of lower endcap 420. Accordingly, the equivalent structures of lower endcap 440 have been numbered the same as lower endcap 420 and discussion of the similar components and features is not believed necessary. As can be seen in FIGS. 32-36, located on lower surface 405 of lower endcap 440, is area 432. Area 432 extends simultaneously in a longitudinal and lateral direction diagonally across lower endcap 440 to facilitate antero-lateral implant insertion. Although in FIGS. 32-35, area 432 is shown as extending along the entire length of lower endcap 440, area 432 may extend only partially along the length of upper endcap 440.

FIG. 37 shows a front or anterior view of a body portion 450. In general, some of the structure of body portion 450 is similar or comparable to the structure of upper and lower endcaps 402, 420, 430, 440. Accordingly, the equivalent structures of body portion 450 have been numbered the same as upper and lower endcaps 402, 420, 430, 440 and discussion of the similar components and features is not believed necessary. As can be seen in FIGS. 37-40, body portion 450 has a generally kidney-bean shape footprint. Located on upper sur-

face 455, body portion 450 has a shoulder 462 defining a cavity 464 and located on lower surface 457, body portion 450 has a generally rectangular protrusion 456. While shoulder 462 is shown as completely enclosing and surrounding cavity 464, shoulder 462 may only partially surround cavity 464. Likewise, lower surface 457 is shown as completely surrounding protrusion 456, but it can be appreciated that lower surface 457 may only partially surround protrusion 456. Shoulder 462 and cavity 464 are configured and dimensioned to interface and mate with either rectangular protrusion 418 of upper endcaps 402, 430 or rectangular protrusion 456 of another body portion 450. Protrusion 456 of body portion 450 is configured and dimensioned to interface and mate with either cavity 422 of lower end plates 420, 440 or cavity 464 of another body portion 450. Again, while the protrusions have been described as rectangular, any geometric shape is contemplated.

As mentioned above, implant 400 is a stackable implant comprising an upper endcap 402, 430, a lower endcap 420, 440, and, if necessary, at least one body portion 450. It is also possible for implant 400 to include an upper endcap 402, 430 and a lower endcap 420, 440. The modularity of implant 400, allows implant 400 to have a variable height, thereby allowing a surgeon to create an implant sized to appropriately fit the surgical space. In use, once the implant height that will be needed for the surgical procedure is determined, the desired implant can be created from the endcaps and, if necessary, one or more body portions. If a smaller implant is needed, implant 400 may comprise upper endcap 402, 430, and lower endcap 420, 440. If a larger implant is needed, implant 400 may comprise upper endcap 402, 430, lower endcap 420, 440 and at least one body portion 450. Body portions 450 may be the same size or of various sizes. Upper and lower endcaps 402, 420, 430, 440 and body portion 450 are configured and dimensioned to mate with each other via an interference or similar fit. For further fixation of the endcaps and body portion together, a fixation screw may be threaded into central bore 411. Additional screws and bores may also be used.

Body portion 450 also may include channels 464, 466 or threaded bores 458, 460 for implantation of the assembled implant 400. Channel 464 runs anterior to posterior through body portion 450 from anterior side 403 to posterior side 404. Channel 464 is sized to receive a surgical instrument such as an inserter for implantation of implant 400. Using the implantation instrument, implant 400 can be inserted in a lateral approach where the contra-lateral side is the first side to be introduced into the intervertebral space. Alternatively, using the implantation instrument with channel 464, implant 400 may be inserted in a lateral approach where lateral side 408 is the first side to be introduced to the intervertebral space.

Extending from a first lateral side 406 to a second lateral side 408 may be a second instrument receiving channel 466 (not shown). Channel 466 is also sized to receive a surgical instrument such as an inserter for implantation of implant 400. Using the implantation instrument with channel 466, implant 400 may be inserted in an anterior approach where posterior end 404 is the first side to be introduced to the intervertebral space.

Although channel 464 is described as extending the entire length of the lateral sides 406, 408 of the implant 400, channel 464 may extend only a portion of the length of lateral sides 406, 408, or may extend the length of only one of the lateral sides 406, 408. Likewise, channel 466 may extend the length of one of the sides 403, 404 or may extend only a portion of the length of sides 403, 404.

Implant **400**, instead of having instrument receiving channels, may have threaded bores **458**, **460**. Threaded bores **458**, **460** are sized to receive an implantation instrument such as a threaded inserter.

As can best be seen in FIGS. **37** and **41**, threaded bore **458** is located on lateral side **406**. This location allows for insertion of implant **400** in a lateral fashion. Although, threaded bore **458** is located on lateral side **406**, it may also be located on lateral side **408**. This location also allows for insertion of implant **400** in a lateral direction. FIG. **41** shows threaded bore **460** which is located on anterior side **403** of implant **400**. This location allows for insertion of implant **400** in an anterior direction with posterior side **404** being the first side to be introduced to the intervertebral space.

In a sixth embodiment, implant **500** is similar to the previously disclosed stackable embodiment, however implant **500** has a different coupling configuration for stacking. As will be further explained below, implant **500** includes a plurality of endcaps which may be stacked to form the spacer or implant. Implant **500** may also include at least one body portion which may be stacked between the endcaps to form the implant. FIG. **42** shows a top view of endcap **502** of implant **500**. Endcap **502** has a generally kidney-bean shaped footprint which includes anterior side **503**, posterior side **504**, and first and second lateral sides **506**, **508**. Anterior side **503** and lateral sides **506**, **508** are all substantially arcuate, preferably convex, in shape while posterior side **504** is substantially arcuate, preferably concave, in shape.

As shown in FIGS. **42-46**, endcap **502** also includes two elongated bores **510** which can be filled with bone growth inducing substances to allow bony ingrowth and to further assist in the fusion of the adjacent vertebrae. Endcap **502** further includes a central bore **511** for receiving a fastening member, such as a screw, sleeve, or nut. In addition, endcap **502**, on its upper surface **505**, has sections or areas having gripping structures **512** to facilitate engagement of implant **500** with the end plates of the adjacent vertebra, and has sections or areas **516** which are substantially smooth and devoid of any protrusions. Although in FIG. **42** sections **516** are shown as extending along the entire length of endcap **502**, from perimeter edge to perimeter edge, sections **516** may extend only partially along the length of endcap **502**. Sections **516** are provided to assist the surgeon in anterior or lateral implantation of the implant as was discussed above with respect to section **22**. As can be seen in FIGS. **43** and **46**, endcap **502** has a generally rectangular protrusion **518** configured and dimensioned to interface and mate with a recess portion of the implant body or another endcap. While protrusion **518** has been shown and described as generally rectangular, it can be appreciated that protrusion **518** can be any shape desired. A lower surface **507** surrounds the protrusion **518**. Lower surface **507** is illustrated as surrounding and encircling completely protrusion **518**; but it can be appreciated that lower surface **507** may only partially surround protrusion **518**. Located proximate to protrusion **518**, on lower surface **507**, is a shoulder **515** defining a cavity **513**. Cavity **513** is configured and dimensioned to interface and mate with a portion of the implant body or another endcap. Shoulder **515** has been shown as surrounding cavity **513** entirely, but it should be appreciated that shoulder **515** may only partially surround cavity **513**. This different coupling configuration allows for interchangeability of the endcaps.

Endcap **502** may have a generally wedge-shaped, side profile that is designed to restore the natural curvature or lordosis of the spine after the affected disc or affected vertebral body and adjoining discs have been removed. As shown in FIG. **44**, this wedge shape results from a gradual increase in height

from anterior side **503** followed by a decrease in height as posterior side **504** is approached. The substantially convex curvature of upper surface **505** changes the height of implant **500** along its width. In an exemplary embodiment, upper surface **505** may also be a flat planar surface, a flat angled surface, or a substantially curved surface, preferably shaped to mimic the topography of the adjacent vertebral end plates. The radius of curvature for upper surface **505** may be the same as described for the one-piece implant described earlier.

FIG. **47** shows a top view of another endcap **520**. In general, most of the structure of endcap **520** is similar or comparable to the structure of endcap **502**. Accordingly, the equivalent structures of endcap **520** have been numbered the same as endcap **502** and discussion of the similar components and features is not believed necessary. As discussed with upper endcap **502**, endcap **520** also has a generally kidney-bean shaped footprint which includes anterior side **503**, posterior side **504**, and first and second lateral sides **506**, **508**. Anterior side **503** and lateral sides **506**, **508** are all substantially arcuate, preferably convex, in shape while posterior side **504** is substantially arcuate, preferably concave, in shape. As can be seen in FIGS. **47-51**, endcap **520** also includes two elongated bores **510** which can be filled with bone growth inducing substances to allow bony ingrowth and to further assist in the fusion of the adjacent vertebrae. Endcap **520** further includes a central bore **511** for receiving a fastening member, such as a screw, sleeve or nut. In addition, endcap **520**, on its upper surface **505**, has sections or areas having gripping structures **512** to facilitate engagement of implant **500** with the end plates of the adjacent vertebra, and has sections or areas **517** which are substantially smooth and devoid of any protrusions. Although in FIG. **47** sections **517** are shown as extending along the entire length of endcap **520**, from perimeter edge to perimeter edge, sections **517** may extend only partially along the length of endcap **520**. Sections **517** are provided to assist the surgeon in transverse implantation of the implant as was discussed above with respect to section **24**. As can be seen in FIGS. **48** and **51**, endcap **520** has a generally rectangular protrusion **518** configured and dimensioned to interface and mate with a recess portion of the implant body or another endcap. While protrusion **518** has been shown and described as generally rectangular, it can be appreciated that protrusion **518** can be any shape desired. A lower surface **507** surrounds the protrusion **518**. Lower surface **507** is illustrated as surrounding and encircling completely protrusion **518**, but it can be appreciated that lower surface **507** may only partially surround protrusion **518**. Located proximate to protrusion **518**, on lower surface **507**, is a shoulder **515** defining a cavity **513**. Cavity **513** is configured and dimensioned to interface and mate with a portion of the implant body or another endcap. Shoulder **515** has been shown as surrounding cavity **513** entirely, but it should be appreciated that shoulder **515** may only partially surround cavity **513**.

Endcap **520** may have a generally wedge-shaped, side profile that is designed to restore the natural curvature or lordosis of the spine after the affected disc or affected vertebral body and adjoining discs have been removed. As shown in FIG. **49**, this wedge shape results from a gradual increase in height from anterior side **503** followed by a decrease in height as posterior side **504** is approached. The substantially convex curvature of upper surface **505** changes the height of implant **500** along its width. In an exemplary embodiment, upper surface **505** may also be a flat planar surface, a flat angled surface, or a substantially curved surface, preferably shaped to mimic the topography of the adjacent vertebral end plates. The radius of curvature for upper surface **505** may be the same as described for the one-piece implant described earlier.

Turning now to FIGS. 52-56, an alternative embodiment of endcap 530 can be seen. In general, most of the structure of endcap 530 is similar or comparable to the structure of endcap 502. Accordingly, the equivalent structures of endcap 530 have been numbered the same as endcap 502 and discussion of the similar components and features is not believed necessary. In this particular embodiment, located on upper surface 505 of endcap 530, is area 519. Area 519 extends simultaneously in a longitudinal and lateral direction diagonally across endcap 530 to facilitate antero-lateral implant insertion. Although in FIGS. 52-56, area 519 is shown as extending along the entire length of endcap 530, area 519 may extend only partially along the length of endcap 530.

FIG. 57 shows a top view of a body portion 550. In general, some of the structure of body portion 550 is similar or comparable to the structure of endcaps 502, 520, and 530. Accordingly, the equivalent structures of body portion 550 have been numbered the same as endcaps 502, 520, and 530 and discussion of the similar components and features is not believed necessary. As can be seen in FIGS. 57-62, body portion 550 has a generally kidney-bean shape footprint. Located on upper surface 555 and lower surface 557, body portion 550 has a shoulder 562 defining a cavity 564 and a generally rectangular protrusion 556. While shoulder 562 is shown as completely enclosing and surrounding cavity 564, shoulder 562 may only partially surround cavity 564. Likewise, upper surface 555 and lower surface 557 are shown as completely surrounding protrusions 556, but it can be appreciated that upper surface 555 and lower surface 457 may only partially surround protrusions 556. Shoulder 562 and cavity 564 are configured and dimensioned to interface and mate with either rectangular protrusion 518 of endcaps 502, 520, 530 or rectangular protrusion 556 of another body portion 550. Protrusion 556 of body portion 550 is configured and dimensioned to interface and mate with either cavity 513 of endcaps 502, 520, 530 or cavity 564 of another body portion 550. Again, while the protrusions have been described as rectangular, any geometric shape is contemplated.

As mentioned above, implant 500 is a stackable implant comprising two endcaps 502, 520, 530, and, if necessary, at least one body portion 550. The modularity of implant 500, allows implant 500 to have a variable height, thereby allowing a surgeon to create an implant sized to appropriately fit the surgical space. In use, once the implant height that will be needed for the surgical procedure is determined, the desired implant can be created from the endcaps and, if necessary, one or more body portions. If a smaller implant is needed, implant 500 may comprise two endcaps 502, 520, 530. If a larger implant is needed, implant 500 may comprise endcaps 502, 520, 530, and at least one body portion 550. Body portions 550 may be the same size or of various sizes. Endcaps 502, 520, 530, and body portion 550 are configured and dimensioned to mate with each other via an interference or similar fit. For further fixation of the endcaps or the endcaps and body portion together, a fixation screw may be threaded into central bore 511. Additional screws and bores may also be used.

Body portion 550 also may include channels 563, 566 and/or threaded bores 558, 560 for implantation of the assembled implant 500. Channel 563 runs anterior to posterior through body portion 550 from anterior side 503 to posterior side 504. Channel 563 is sized to receive a surgical instrument such as an inserter for implantation of implant 500. Using the implantation instrument, implant 500 can be inserted in a lateral approach where the contra-lateral side is the first side to be introduced into the intervertebral space. Alternatively, using the implantation instrument with channel

563, implant 500 may be inserted in a lateral approach where lateral side 508 is the first side to be introduced to the intervertebral space.

Extending from a first lateral side 506 to a second lateral side 508 may be a second instrument receiving channel 566. Channel 566 is also sized to receive a surgical instrument such as an inserter for implantation of implant 500. Using the implantation instrument with channel 566, implant 500 may be inserted in an anterior approach where posterior end 504 is the first side to be introduced to the intervertebral space.

Although channel 563 is described as extending the entire length of the lateral sides 506, 508 of the implant 500, channel 563 may extend only a portion of the length of lateral sides 506, 508, or may extend the length of only one of the lateral sides 506, 508. Likewise, channel 566 may extend the length of one of the sides 503, 504 or may extend only a portion of the length of sides 503, 504.

Implant 500, instead of or in addition to having instrument receiving channels, may have threaded bores 558, 560. Threaded bores 558, 560 are sized to receive an implantation instrument such as a threaded inserter.

As can best be seen in FIGS. 59, 61 and 62, threaded bore 558 is located on lateral sides 506, 508. This location allows for insertion of implant 500 in a lateral fashion. FIG. 59 shows threaded bore 560 which is located on anterior side 503 of implant 500. This location allows for insertion of implant 500 in an anterior direction with posterior side 504 being the first side to be introduced to the intervertebral space.

As can best be seen in FIG. 59, body portion 550 may also include openings 561, which preferably extend from the outer surface of body portion 550 to elongated bores 510. Openings 561 may be packed with bone growth inducing substances to further aid in the fixation and fusion of the implant.

In a seventh embodiment, implant 600 is similar to the previously disclosed stackable embodiment, however implant 600 has a slightly different structure and footprint. Preferably, the structure and footprint of implant 600 allows implant 600 to be particularly suited for implantation in the cervical region of the spine. FIG. 63 shows a top view of endcap 602 of implant 600. Endcap 602 has a generally oblong octagonal shaped footprint which includes anterior side 603, posterior side 604, and first and second lateral sides 606, 608.

As shown in FIGS. 63-66, endcap 602 also includes an elongated bore 610 which can be filled with bone growth inducing substances to allow bony ingrowth and to further assist in the fusion of the adjacent vertebrae. Endcap 602 further includes a central bore 611 for receiving a fastening member, such as a screw. In addition, endcap 602, on its upper surface 605, has sections or areas having gripping structures 612 to facilitate engagement of implant 600 with the end plates of the adjacent vertebra, and has sections or areas 616 which are substantially smooth and devoid of any protrusions. Although in FIG. 63 section 616 is shown as extending along a partial length of endcap 602, sections 616 may extend along the entire length of endcap 602, from perimeter edge to perimeter edge. Section 616 may be provided to provide a recess allowing a screw head to be recessed so as not to extend upwardly beyond the upper ends of the gripping structures 612. As can be seen in FIGS. 65 and 66, endcap 602 has a protrusion 618 configured and dimensioned to interface and mate with a recess portion of the implant body or another endcap. It can be appreciated that protrusion 618 may be any shape desired. A lower surface 607 surrounds the protrusion 618. Lower surface 607 is illustrated as surrounding and encircling completely protrusion 618, but it can be appreciated that lower surface 607 may only partially surround pro-

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trusion **618**. Located proximate to protrusion **618**, on lower surface **607**, is a shoulder **615** defining a cavity **613**. Cavity **613** is configured and dimensioned to interface and mate with a portion of the implant body or another endcap. Shoulder **615** has been shown as surrounding cavity **613** entirely, but it should be appreciated that shoulder **615** may only partially surround cavity **513**.

Endcap **602** may have a generally wedge-shaped, side profile that is designed to restore the natural curvature or lordosis of the spine after the affected disc or affected vertebral body and adjoining discs have been removed. As shown in FIG. **66**, this wedge shape results from a gradual increase in height from anterior side **603** to the posterior side **604**. In an exemplary embodiment, upper surface **605** may also be a flat planar surface, a convexly-curved surface, or a substantially curved surface, preferably shaped to mimic the topography of the adjacent vertebral end plates. The radius of curvature for upper surface **605** may be the same as described for the one-piece implant described earlier.

FIG. **67** shows a top view of a body portion **650**. In general, some of the structure of body portion **650** is similar or comparable to the structure of endcap **602**. Accordingly, the equivalent structures of body portion **650** have been numbered the same as endcap **602** and discussion of the similar components and features is not believed necessary. As can be seen in FIGS. **67-69**, body portion **650** has a generally oblong octagonal shape footprint. Located on upper surface **655** and lower surface **657**, body portion **650** has a shoulder **662** defining a cavity **664** and a protrusion **656**. While shoulder **662** is shown as completely enclosing and surrounding cavity **664**, shoulder **662** may only partially surround cavity **664**. Likewise, upper surface **655** and lower surface **657** are shown as completely surrounding protrusions **656**, but it can be appreciated that upper surface **655** and lower surface **657** may only partially surround protrusions **656**. Shoulder **662** and cavity **664** are configured and dimensioned to interface and mate with either protrusion **618** of endcap **602**, or protrusion **656** of another body portion **650**. Protrusion **656** of body portion **650** is configured and dimensioned to interface and mate with either cavity **613** of endcaps **602** or cavity **664** of another body portion **650**. Again, the protrusions may be any contemplated geometric shape.

As mentioned above, implant **600** is a stackable implant comprising two endcaps **602**, and, if necessary, at least one body portion **650**. The modularity of implant **600**, allows implant **600** to have a variable height, thereby allowing a surgeon to create an implant sized to appropriately fit the surgical space. In use, once the implant height that will be needed for the surgical procedure is determined, the desired implant can be created from the endcaps and, if necessary, one or more body portions. If a smaller implant is needed, implant **600** may comprise two endcaps **602**. If a larger implant is needed, implant **600** may comprise endcaps **602**, and at least one body portion **650**. Body portions **650** may be the same size or of various sizes. Endcap **602**, and body portion **650** are configured and dimensioned to mate with each other via an interference or similar fit. For further fixation of the endcaps or the endcaps and body portion together, a fixation screw may be threaded into central bore **611**. Additional screws and bores may also be used.

Body portion **650** also may include windows **665**, **666** which can be filled with bone growth inducing substances to further allow for bony ingrowth and to further assist in the fusion of the adjacent vertebrae. Windows **665**, **666** may also be used to mate with the implant holder to assist with the implantation of the implant.

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Body portion **650** may also have a threaded bore **658**. Threaded bore **658** is sized to receive an implantation instrument such as a threaded inserter for implantation of the assembled implant **600**. As can best be seen in FIG. **69**, threaded bore **558** is located on lateral sides **606**, **608**. This location allows for insertion of implant **600** in a lateral fashion.

FIG. **70** shows a perspective view of one embodiment of implant **600** which includes two endcaps **602** and one body portion **650**.

The embodiments disclosed herein are illustrative and exemplary in nature and it will be appreciated that numerous modifications and other embodiments of the implant disclosed may be devised by those skilled in the art.

The invention claimed is:

1. An intervertebral implant assembly comprising:

an intervertebral implant, the intervertebral implant comprising a body having a convexly curved anterior side substantially opposing a posterior side spaced apart by first and second lateral sides; top and bottom surfaces defining two central bores extending from each surface through to the other, wherein each of the top and bottom surfaces are configured to contact an endplate of adjacent vertebrae, and wherein each of the top and bottom surfaces have a plurality of gripping structures for engaging the endplates of the adjacent vertebrae and have a substantially smooth recessed area extending from an outer periphery of the implant and at least partially intersecting with at least one of the two central bores; and at least two separate channels formed in the implant, wherein at least one of the two separate channels extends to or into each of the two central bores; and a surgical instrument received in the substantially smooth recessed areas of the top and bottom surfaces; wherein the substantially smooth recessed area of the top surface extends in an anterior-posterior direction from a first perimeter edge where the top surface intersects with the anterior surface of the implant to a second perimeter edge where the top surface intersects with the posterior surface of the implant; and

wherein the substantially smooth recessed area of the bottom surface extends in an anterior-posterior direction from a first perimeter edge where the bottom surface intersects with the anterior surface of the implant to a second perimeter edge where the bottom surface intersects with the posterior surface of the implant.

2. The assembly of claim 1 wherein at least one side of the intervertebral implant has a third channel for receiving an insertion instrument.

3. The assembly of claim 1 wherein at least one channel of the at least two separate channels runs in at least an anterior-posterior direction or a lateral direction.

4. The assembly of claim 1 further comprising an insertion instrument, wherein at least one channel of the at least two separate channels contains at least one retaining groove to assist with coupling the insertion instrument to the implant.

5. The assembly of claim 4 wherein the insertion instrument has a releasable engaging member to mate with the retaining groove.

6. The assembly of claim 1 wherein at least one channel of the at least two separate channels comprises a threaded bore.

7. The assembly of claim 6 further comprising a threaded inserter configured to engage the threaded bore.

8. The assembly of claim 1 wherein the surgical instrument is a distractor.

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9. The assembly of claim 1 wherein at least one channel of the at least two separate channels runs in an anterior-posterior direction or a lateral direction.

10. The assembly of claim 1 wherein the top and bottom surfaces of the implant are substantially flat planar surfaces having a downward taper at an anterior end of the implant and at a posterior end of the implant to facilitate insertion of the implant.

11. The assembly of claim 1 wherein the top surface and the bottom surface of the implant define a height dimension h_1 at the posterior side and a height dimension h_2 at the anterior side, wherein h_2 is larger than h_1 .

12. The assembly of claim 11 wherein the top surface and the bottom surface of the implant define a height dimension h_3 at an intermediate point between the anterior side and the posterior side, h_3 being larger than h_2 .

13. The assembly of claim 1, wherein the plurality of gripping structures sit proud of the substantially smooth recessed area.

14. An intervertebral implant kit comprising:

an intervertebral implant, the intervertebral implant comprising a body having a convexly curved anterior side substantially opposing a posterior side spaced apart by first and second lateral sides; top and bottom surfaces defining two central bores extending from each surface through to the other, wherein each of the top and bottom surfaces are configured to contact an endplate of adjacent vertebrae, wherein the top surface and the bottom surface of the implant define a height dimension h_1 at the posterior side and a height dimension h_2 at the anterior side, wherein h_2 is larger than h_1 , and wherein each of the top and bottom surfaces have a plurality of protrusions projecting out of each of the top and bottom surfaces for engaging the endplates of the adjacent vertebrae and have a plurality of substantially smooth recessed areas extending from an outer periphery of the implant and at least partially intersecting with at least one of the two central bores, one of the plurality of substantially smooth recessed areas on each of the top and bottom surfaces extending across an entire dimension of the implant from perimeter edge to perimeter edge in an anterior-posterior direction and being configured to receive a surgical instrument therein; and at least two separate channels formed in the implant, wherein at least one of the two separate channels extends to or into each of the two central bores; and

an insertion instrument configured to engage one of the at least two separate channels.

15. The kit of claim 14 wherein at least one channel of the at least two separate channels contains at least one retaining groove to assist with coupling the insertion instrument to the implant.

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16. The kit of claim 15 wherein the insertion instrument has a releasable engaging member to mate with the retaining groove.

17. The kit of claim 14 wherein at least one channel of the at least two separate channels comprises a threaded bore.

18. The kit of claim 17 wherein the insertion instrument is a threaded inserter.

19. The kit of claim 14 the kit further comprising a distractor wherein the plurality of substantially smooth recessed areas extending in the anterior-posterior direction receives the distractor.

20. The kit of claim 14, wherein the plurality of protrusions sit proud of the plurality of substantially smooth recessed areas.

21. An intervertebral implant comprising:

a convexly curved anterior side substantially opposing a posterior side spaced apart by first and second lateral sides;

top and bottom surfaces defining two central bores extending from each surface through to the other, wherein each of the top and bottom surfaces are configured to contact an endplate of adjacent vertebrae, and wherein each of the top and bottom surfaces have a plurality of protrusions for gripping the endplates of the adjacent vertebrae and have a plurality of substantially smooth areas recessed from the protrusions and being configured to receive a surgical instrument therein; the plurality of substantially smooth areas extending from an outer periphery of the implant and at least partially intersecting with at least one of the two central bores

at least one channel formed in the implant and configured to engage an implantation instrument;

wherein one of the plurality of substantially smooth areas on each of the top and bottom surfaces extends in an anterior-posterior direction from an anterior edge of the implant to a posterior edge of the implant.

22. The implant of claim 21, wherein the at least one channel comprises a threaded bore.

23. The implant of claim 21, wherein a second one of the plurality of substantially smooth areas on each of the top and bottom surfaces extends in a lateral direction.

24. The implant of claim 21, wherein the plurality of protrusions sit proud of the plurality of substantially smooth areas.

25. An implant assembly comprising the implant of claim 21 and a surgical instrument received within a first one of the plurality of substantially smooth areas on the top surface and a second one of the plurality of substantially smooth areas on the bottom surface.

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